

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>INDIANA JOBS NOW</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603159	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CROSSROADS MEDIA LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 03 / 2016</b>		
Mailing Address <b>66 CANAL CENTER PLAZA SUITE 555</b>			Amount <b>33745.75</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.4175</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 02 / 2016</b>		
Name of Federal Candidate <b>TREY HOLLINGSWORTH</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>254606.50</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		

Full Name of Payee <b>CROSSROADS MEDIA LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 03 / 2016</b>		
Mailing Address <b>66 CANAL CENTER PLAZA SUITE 555</b>			Amount <b>33745.75</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.4176</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 02 / 2016</b>		
Name of Federal Candidate <b>GREGORY FRANCIS MR. ZOELLER</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>288352.25</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>67491.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MICHELE REISNER

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 05 / 2016**

Signature